

 4026	<b>Public Service Commission of Wisconsin (7146) - SPRINT SPECTRUM L P Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2007</b>
	<a href="#">Rules for Reporting</a> <a href="#">Assessable Revenue Definitions</a> <a href="#">Help</a>

\* - indicates required fields

**Signature**  
I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

Utility Name:

Person responsible for accounts:  \*

Title of person responsible for accounts:  \*

Date:  \* (mm/dd/yyyy)

**Identification**

Utility Name:

Street Address:  \*

PO Box:  PO Box Zip:

City:  \* State:  \* Zip:  \*

Web Site Address:

Business Customers Phone:  Example 6085551212 Ext:

Residential Customers Phone:  Example 6085551212 Ext:

**Primary Address - Primary Utility Contact (located at utility address)**

Name:  \*

Title:  \*

Firm/Company:  \*

Office Address:  \*

PO Box:  PO Box Zip:

City:  \* State:  \* Zip:  \*

Fax Number:  Example 6085551212

Phone Number:  \* Example 6085551212

Email Address:  \*

**Annual Report Contact - Contact Person for Information Contained in This Annual Report**

☐ Same As Primary Address

Name:  \*

Title:  \*

Firm/Company:  \*

Office Address:  \*

PO Box:  PO Box Zip:

City:  \* State:  \* Zip:  \*Fax Number:  Example 6085551212Phone Number:  \* Example 6085551212Email Address: **Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints**☒ Same As Primary AddressName:  \*Title:  \*Firm/Company:  \*Office Address:  \*PO Box:  PO Box Zip: City:  \* State:  \* Zip:  \*Fax Number:  Example 6085551212Phone Number:  \* Example 6085551212Email Address: **Assessable Revenues**1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? ☒ (Y/N) \*

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? ☐ (Blank/Y/N)2) Do you believe that this year's CMRS revenues have already been reported to the Commission? ☒ (Y/N) \*

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (in 000's) for Universal Service Fund assessment purposes. (000's)  
Wisconsin Gross Intrastate Operating Telecommunications Service Revenue ☐ Confidential**Annual Report Notes (if applicable)**

**Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.**

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.